

**CERTIFICATION OF WORK  
PREVENTIVE MAINTENANCE**

(To be completed by the Contractor and saved in the Contractor's CMMS)

FACID/Building: DE007 Date of Visit: 9/24/20

Contractor Personnel on Site:

- |                      |          |
|----------------------|----------|
| 1. <u>JOHN BROWN</u> | 3. _____ |
| 2. _____             | 4. _____ |

**Work Performed:**

**Preventive Maintenance** - Services Completed (Annual, Quarterly, Monthly, equipment identification, etc.)

1. WO'S 12643MO,12668QT,12694SA,12730PMQ,12737PMS,12644MO
2. LIGHTING, CIRCULATING PUMPS, HVAC CONTROL PANELS,
3. EXPANSION TANKS, GLYCOL FEEDER, WALL PACKS, GATE
4. \_\_\_\_\_
5. \_\_\_\_\_

**CERTIFICATION OF WORK**

To be signed by the Contractor:

Print Name: Johnny W Brown Date: 9/24/20

Signed: 

To be signed by Facility Manager:

By signing the Certification of Work, the said government representative signature does not constitute acceptance of any work performed by the contractor, it only acknowledges that the contractor was on-site during the identified timeline:

Print Name/Rank:  Danielle Barrett Date: 9/24/20

Signed: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### DDC CONTROLLER

SITE AND BLDG #: **DE007-01**MECHANIC  
SIGNATURE: DATE: **9/24/20**LOCATION/RM #: **WO# 12694 ASSET # 1766-1770**  
**12737 190918-134**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE |    | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|---------------|----|---|
|  |   | YES           | NO |   |
| SPECIAL INSTRUCTIONS                       |   |               |    |   |
| 1  | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. |               |    |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |               |    |   |
| 1  | Obtain username and password for login. If not available, contact appropriate company manager to obtain access.   |               |    |   |
| 2  | Login into system, check for any alarms currently on system. Make necessary repairs to correct alarms back to normal state.                                 |               |    |   |
| 3  | Check physical condition of the device. Shut off power to the unit.Vacuum any remaining dust. Turn power back on to the unit.                               |               |    |   |
| 4  | Check all fuses for evidence of heating or weakening.   |               |    |   |
| 5  | Check sytem for alarms  |               |    |   |
| 6  | Check all plug connections in the panel to ensure the plugs are fully seated.   |               |    |   |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: HVAC Technician

**Additional Notes:**

## PREVENTATIVE MAINTENANCE PROGRAM CHECKLIST

### LIGHTING, OUTSIDE

SITE AND BLDG #: **DE007-01**MECHANIC  
SIGNATURE: DATE: **9/24/20**LOCATION/RM #: **WO# 12643 ASSET # 1453**  
**12694 1771**START TIME: **0900**FINISH TIME: **1630**

| CHECK POINT                                | CHECKPOINT DESCRIPTION  | TASK COMPLETE                       |                          | NOTES/ ACTIONS<br>(IF TASK COMPLETE IS CHECKED NO, PROVIDE EXPLANATION) |
|--|---|-------------------------------------|--------------------------|---|
|  |   | YES                                 | NO                       |   |
| SPECIAL INSTRUCTIONS                       |   |                                     |                          |   |
| 1  | Schedule and coordinate work with operating personnel.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2  | Follow lock out/tag out procedures at all times. De-energize or discharge all hydraulic, electrical, mechanical, or thermal energy prior to beginning work. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| TO BE PERFORMED AT EACH INSPECTION SERVICE |   |                                     |                          |   |
| 1  | Inspect lighting contactor for pitting or arcing - report issues  | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 2  | Inspect visual condition of wiring. Look for evidence of overheating.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 3  | Check for proper light operation.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 4  | Test operation of automatic switches/ time clock/ photocells if applicable.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 5  | Inspect light pole and mounting devices for deficiencies.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> |   |
| 6  | For any noted deficiency, takes pictures and open corrective maintenance ticket.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | I found a few lights out  |

Note: The technician shall perform any repairs identified during PM up to \$250 (direct labor and direct material cost) per PM occurrence. For any deficiencies found exceeding \$250 open a corrective maintenance (CM) ticket and include the Asset #, WO #, photos, and a detailed discription of the deficiency.

To be performed by: General Maintenance Worker

**Additional Notes:**

